

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

820 5/25/05

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4/11/05

2 Serial/Patent # 10/528925

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing <u>Change entity</u>			\$ <u>450</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND	\$ <u>450</u>
--	--------------------------	---------------

8 TO BE REFUNDED BY:
<input type="checkbox"/> Treasury Check
<input checked="" type="checkbox"/> Credit Deposit A/C #:
<u>02-1653</u>

9 REASON:
<input checked="" type="checkbox"/> Overpayment
<input type="checkbox"/> Duplicate Payment
No Fee Due (Explanation):

10 REFUND REQUESTED BY:
TYPED/PRINTED NAME: <u>Rita White</u>

TITLE: Legal Intern Examiner
PHONE: 7308-9140 ext 231

SIGNATURE: <u>Rita White</u>
OFFICE: <u>DOEO</u>

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B